



MISSOURI DEPARTMENT OF REVENUE
DRIVER AND VEHICLE SERVICES BUREAU
SPECIALTY LICENSE PLATES
PO BOX 569, JEFFERSON CITY MO 65105-0569
(573) 751-4509 www.dor.mo.gov/mvdl

FORM
5052
(REV. 11-04)

SPECIALTY LICENSE PLATE DEVELOPMENT APPLICATION

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS COMPLETED FORM:

- PROOF ORGANIZATION IS A NOT-FOR-PROFIT ENTITY (IS REGISTERED PURSUANT TO 501 (C) OF THE 1986 INTERNAL REVENUE CODE AS AMENDED, OR EQUIVALENT LAW);
- \$5,000 APPLICATION FEE; AND
- LIST OF 200 POTENTIAL LICENSE PLATE APPLICANTS.

SEE INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE.

STEP 1 ORGANIZATION INFORMATION

NAME <i>Missouri Hospice Organization</i>	ADDRESS [REDACTED]		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	
TELEPHONE NUMBER [REDACTED]	FAX NUMBER [REDACTED]		
E-MAIL ADDRESS [REDACTED]	WEB SITE ADDRESS [REDACTED]		

STEP 2 ORGANIZATION REPRESENTATIVE/POINT OF CONTACT INFORMATION

NAME [REDACTED]	ADDRESS [REDACTED]		
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	
TELEPHONE NUMBER ([REDACTED])	FAX NUMBER ([REDACTED])		
ALTERNATE TELEPHONE NUMBER ([REDACTED])	E-MAIL ADDRESS [REDACTED]		

STEP 3 LEGISLATIVE SPONSOR(S) INFORMATION - AT LEAST ONE CURRENT MEMBER OF THE MISSOURI GENERAL ASSEMBLY MUST BE LISTED.

SPONSOR'S NAME <i>Chuck Purgason</i>	SPONSOR'S DISTRICT <i>33</i>
ADDITIONAL SPONSOR'S NAME <i>Harry Kennedy</i>	SPONSOR'S DISTRICT <i>1</i>
ADDITIONAL SPONSOR'S NAME	SPONSOR'S DISTRICT
ADDITIONAL SPONSOR'S NAME	SPONSOR'S DISTRICT

STEP 4 PROPOSED LICENSE PLATE INFORMATION

INDICATE BELOW THE ORGANIZATION'S NAME OR SLOGAN THAT IS TO REPLACE "SHOW-ME-STATE" (BOTTOM CENTER OF LICENSE PLATE)

Hospice ... Adding Quality to Life

DESCRIPTION OF PROPOSED LICENSE PLATE (E.G., BACKGROUND COLOR, FONT COLOR, COLOR OF "MISSOURI," ETC.)

background color is green

font purplish blue and bright pink

"Missouri" purplish blue underlined bright pink

Art: simple butterfly design

INCLUDE DRAFT COPY OF THE PROPOSED LICENSE PLATE DESIGN, IF AVAILABLE.

INDICATE THE CONTRIBUTION LEVEL(S) NECESSARY TO OBTAIN AN EMBLEM USE AUTHORIZATION STATEMENT FROM THE ORGANIZATION.

☐ NONE

☐ ONE-TIME CONTRIBUTION AMOUNT: _____

☒ ANNUAL CONTRIBUTION AMOUNT: *\$25.00*

☐ BIENNIAL CONTRIBUTION AMOUNT: _____